

STATE OF CALIFORNIA
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
EMERGENCY HOUSING AND ASSISTANCE PROGRAM
CAPITAL DEVELOPMENT DEFERRED LOANS

November 5, 2004

STATEWIDE APPLICATION
2004-2005



TECHNICAL ASSISTANCE

If you have a question regarding your organization's eligibility for EHAPCD funds or any other element of qualifying for these development funds, please attend the NOFA workshops and/or contact EHAPCD staff at (916) 445-0845 and request an application pre-review.

Statewide Application Package
Emergency Housing and Assistance Program
Capital Development Deferred Loans

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GENERAL INSTRUCTIONS

Read the NOFA and applicable excerpts of the Budget Act of 2000, the Health and Safety Code and finally but most importantly the EHAP Regulations. Prepare a separate capital development application for **each project site**; see the EHAP Regulations for definition of "site". **Use the Statewide Application Checklist that follows** to ensure you organize and include all necessary information. Please type or print legibly. Submit **two complete sets** of the application (one with original signatures and one copy), and the attachments requested. When answering questions, use no less than 10 point type, .75" margins and single-space typing. **In the narrative questions, do not increase the amount of space allowed for answers. Use Page 36 to continue answers to questions that you need more space for. Round all currency amounts down to the nearest dollar.**

1. Please submit the original application in an appropriately sized white 3-ring binder with pockets inside the covers for insertion of information. Please submit the copy of the application, with the pages 3-hole punched, in an expandable folder with the documents secured by a large Acco fastener or other method.
2. Place a title page and the "Certification of Application Information" as the first pages of your application, before the tabbed sections. Do not return the Cover Page, Table of Contents, and this page with your application.
3. Please use tabs to divide the binder into Sections: A. Applicant Eligibility Questions, B. Rating and Ranking Criteria, and C. Attachments. Tab all Attachments individually. For an attachment you are not including because you are sure it does not apply, mark the Checklist box "N/A". Behind the tabs for such attachments, insert a page reading "Not Applicable" in large, bold type. Do not change the page numbers in Sections A and B, but tabbed attachments do not need to be paginated. If you wish to use a numbering system, please show the attachment number and add "-1", etc. (i.e., Page 26-1, 26-2). Do not add attachments except those which are requested.

Organization Name: _____

Project Name: _____

Project Address: _____
(if confidential, so state)

City: _____

County: _____

**Application for
FY 04-05 EHAPCD
Capital Development Deferred Loan**

CERTIFICATION OF APPLICATION INFORMATION

I am authorized to apply on behalf of _____ and attest that all information contained in this application is accurate and complete to the best of my knowledge. All information contained in this application is acknowledged to be public information. I authorize the Department of Housing and Community Development to contact any or all of the parties listed in this proposal.

Authorized Signature for Applicant (Authorized by Resolution)

Printed Name and Title

Date

A. APPLICANT ELIGIBILITY QUESTIONS

Answer each of the following questions to determine your eligibility pursuant to section 7959 of the Regulations. Please make sure your answers are accurate, as we will use this information to determine eligibility.

1. Authority: ☐ Public Agency ☐ Nonprofit Corporation (501(c)(3))

Type of Shelter applied for (check one only) Emergency Shelter ☐ Transitional Housing: ☐
(mark Transitional Housing if Safe Haven)

Does or will the shelter being applied for with this application provide overnight housing for the homeless persons per the definition in the NOFA on Pages 1-2? ☐ Yes ☐ No

If the clients you house do not meet the definition of homeless per the NOFA, your facility may not be eligible for EHAPCD funding. Contact EHAPCD staff for technical assistance.

2. When did your organization begin providing client housing (month/year)? _____ / _____

Has the overnight client housing been provided continuously for the last 12 months? ☐ Yes ☐ No

If housing is only provided seasonally, give dates of most recent period when housing was provided:

_____ / _____ to _____ / _____

If your organization has not provided client housing as required above, your organization is not eligible. Contact EHAPCD Staff for technical assistance.

3. Does the shelter/facility for which EHAPCD funding will be used contain any of the conditions of a substandard building listed in Health and Safety Code section 17920.3? ☐ Yes ☐ No

If yes, will these conditions be remedied with the requested EHAPCD funds? ☐ Yes ☐ No

If No, shelter is not eligible. Contact EHAPCD staff for guidance. Explain why your shelter should be considered eligible even though the answer to this question is No.

4. Is a client required to participate in any religious or philosophical service, ritual, meeting or rite as a condition of receiving shelter? ☐ Yes ☐ No

If Yes, shelter is not eligible. Contact EHAPCD staff for guidance. Explain why your shelter should be considered eligible even though the answer to this question is Yes.

5. Before answering Question 5a. and 5b., please read the Department’s policy document entitled “Serving Selected Populations With EHAP Funding” located in the NOFA, on Attachment C. Failure to explain your answer where an explanation is required may result in rejection of your application for incompleteness. If your project will provide both emergency shelter and transitional housing, complete both Questions 5a and 5b. If you have any questions regarding this section, please contact EHAPCD immediately.

- a. ☐ **Transitional Housing Applicants Only:** Check box, then skip to Page 5 and answer Question 5b.
☐ **Emergency Shelter Applicants Only** – Answer questions below.

- 1) Does your emergency shelter for which EHAP funds are being requested target a particular subpopulation of homeless persons at the emergency shelter?

- ☐ Yes **If “Yes,”** answer Question 2).
☐ No **If “No,”** skip to Question 6, **Page 7**.

- 2) Does your emergency shelter target services: a) exclusively to either men or women; or b) exclusively to persons 24 years of age or younger?

- ☐ Yes **If “Yes,”** describe the target subpopulation in the following blank _____ **and** skip to Question 6, **Page 7**.
(target subpopulation)

- ☐ No **If “No,”** identify the targeted subpopulation in the following blank _____ and answer Question 3) below:
(target subpopulation)

- 3) Military Veterans

- a) Does your emergency shelter target services exclusively to a particular group of military veterans (i.e. Vietnam Veterans only)?

- ☐ Yes **If “Yes” to Question 3)a) above, your organization is not eligible for EHAPCD funds because it excludes other groups of veterans on a basis not otherwise permitted by law. Ineligible applicants may contact EHAPCD staff for technical assistance.**

- ☐ No **If “No,”** answer question 3)b) below.

- b) Does your emergency shelter target services exclusively to military veterans who possess significant barriers to social reintegration and employment due to a physical or mental disability, substance abuse, or the effects of long-term homelessness that require specialized treatment and services?

- ☐ Yes **If “Yes,”** please describe the specialized services and treatment provided to this group by your program, then skip to Question 6, **Page 7**.

- ☐ No **If “No,”** answer Question 4) below.

- 4) If you had an available bed at your emergency shelter, and a person who is not a member of that facility's target population requested a bed, would you deny that available bed to that person?

☐ Yes **If "Yes,"** answer Question 5) below.
☐ No **If "No,"** skip to Question 6, **Page 7**.

- 5) In circumstances where any client is denied emergency shelter when there is a vacancy, would you ensure that there is adequate alternate accommodation – including arranging for a bed or providing a voucher for a bed at an alternative facility and reasonable transportation to that facility?

☐ Yes **If "Yes,"** please answer a), b), and c), then skip to Question 6, **Page 7**.
☐ No **If "No" to Question 5) above, you are not eligible for EHAPCD funds. Ineligible applicants may contact EHAPCD staff for technical assistance.**

- a) Identify on the next page, the facilities and organizations you partner with to provide alternate shelter accommodations:

<u>Facility Name/Address</u>	<u>Facility operated by (organization name)</u>	<u>Population Served by the Facility</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

AND;

- b) List the type(s) of transportation to an alternate facility you will provide.

<u>Type of Transportation</u>	<u>Name of Alternate Facility</u>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

AND;

- c) Are the forms of transportation set forth above reasonably accessible and available to persons turned away from your facility? ☐ Yes ☐ No

Considering individual needs and the time and distance involved in traveling to the alternate facilities, briefly explain your organization's implementation plan.

b. **Transitional Housing Applicants Only:**

- 1) Does your transitional housing facility for which EHAPCD funds are being requested target a particular subpopulation of homeless persons?

☐ Yes **If “Yes,”** answer Question 2) below.
☐ No **If “No,”** skip to Question 6, **Page 7.**

- 2) Does your transitional housing facility target services: a) exclusively to either men or women or; b) exclusively to persons 24 years of age or younger?

☐ Yes **If “Yes,”** describe the target subpopulation in the following blank
_____ **and skip to Question 6, Page 7.**
(target subpopulation)

☐ No **If “No,”** identify the targeted subpopulation in the following blank
_____ **and answer Question 3) below:**
(target subpopulation)

- 3) Military Veterans

- a) Does your transitional housing facility target services exclusively to a particular group of military veterans (i.e. Vietnam Veterans only)?

☐ Yes **If “Yes” to Question 3)a) above, your organization is not eligible for EHAP funds because it excludes other groups of veterans on a basis not otherwise permitted by law. Ineligible applicants may contact EHAPCD staff for technical assistance.**

☐ No **If “No,”** answer question 3)b) below.

- b) Does your transitional housing facility target services exclusively to military veterans who possess significant barriers to social reintegration and employment due to a physical or mental disability, substance abuse, or the effects of long-term homelessness that require specialized treatment and services?

☐ Yes **If “Yes,”** please describe the specialized services and treatment provided to this group by your program, then skip to Question 6, **Page 7.**

☐ No **If “No,”** answer Question 4) on the next page.

- 4) Is there a State or Federal law or regulation that requires your transitional housing facility to exclusively serve a select homeless subpopulation?
- ☐ Yes **If “Yes,”** in the space below list the applicable State or Federal law or regulation, and the agency that requires it. **Then** skip to Question 6, **Page 7**.

State/Federal law or regulation citation (include name of code) Funding Agency

☐ No **If “No,”** answer Question 5) below:

- 5) If you had an available bed at your transitional housing facility, and a person who is not a member of that facility’s target population requested a bed, would you deny the available bed to that person?

☐ Yes **If “Yes,”** answer Questions a) and b), below.

☐ No **If “No,”** skip to Question 6, **Page 7**

- a) **If “Yes,”** does the nature of the physical facilities reasonably necessitate a restriction of the facilities exclusively to your target population?

☐ Yes **If “Yes,”** please explain (attach additional page if more space is required):

☐ No*

- b) Does the nature of the services provided at your transitional housing facility reasonably necessitate a restriction of the facilities exclusively to your target population?

☐ Yes **If “Yes,”** please explain (attach additional page if more space is required):

☐ No*

***If you answered “No” to both Questions a) and b) above, you are not eligible for EHAPCD funds. Ineligible applicants may contact EHAPCD staff for technical assistance.**

6. Identify the maximum number of days (including extensions) a client will be sheltered by the facility for which EHAP funding is requested: _____ Days
7. Type(s) of client housing provided:
- ☐ Emergency Shelter (Answer only Questions 8-10.)
- ☐ Transitional Housing w/Services (Skip Questions 8-10, answer Question 11 only).
8. Does the emergency shelter/facility reserve space for clients? ☐ Yes ☐ No
If Yes, shelter is not eligible. Contact EHAPCD staff for guidance. Explain why your shelter should be considered eligible even though the answer to this question is Yes.
9. Does the emergency shelter/facility require any fee, voucher or contribution from the client? ☐ Yes ☐ No
If Yes, shelter is not eligible. Contact EHAPCD staff for guidance. Explain why your shelter should be considered eligible even though the answer to this question is Yes.
10. Are the rules of occupancy and maximum stay conspicuously posted at the emergency shelter? ☐ Yes ☐ No
If No, shelter is not eligible. Contact EHAPCD staff for guidance. Explain why your shelter should be considered eligible even though the answer to this question is No.

Transitional Housing Applicants answer Questions 11 a. through g.

11. For applicants providing transitional housing with services:

- a. Are clients offered at least three self-sufficiency development services in conjunction with occupancy of the housing? (See Regulation 7959 (1)(2)) ☐ Yes ☐ No*

If Yes, list the types of services offered below:

Self-Sufficiency Development Services offered:

*If No, shelter is not eligible. Contact EHAPCD staff for guidance.

- b. Is every client provided referrals or placements to permanent housing? ☐ Yes ☐ No*

*If No, shelter is not eligible. Contact EHAPCD staff for guidance. Explain why your shelter should be considered eligible even though the answer to this question is “No.”

- c. Does every client accumulate funds to be applied to renting permanent housing? ☐ N/A* ☐ Yes ☐ No*

*If No, shelter is not eligible. Contact EHAPCD staff for guidance. Explain why your shelter should be considered eligible even though the answer to this question is “No.” ***Note: Transitional housing applicants should mark question 11 c. “N/A”, if rent is not charged.**

- d. Is rent charged for occupancy of the transitional housing? ☐ Yes ☐ No
If answer is “No,” then type “N/A” for responses to 11e, f, and g on page 9.

- e. Is rent equal to or less than 30% of each individual household's income? ☐ Yes ☐ No*
*If No, shelter is not eligible. Contact EHAPCD staff for guidance. Explain why your shelter should be considered eligible even though the answer to this question is "No."
- f. Is at least 10% of the rent set aside for the client to be used for rental of permanent housing? ☐ Yes ☐ No*
*If No, shelter is not eligible. Contact EHAPCD staff for guidance. Explain why your shelter should be considered eligible even though the answer to this question is No.
- g. Is the rent set aside accounted for separately for each client? ☐ Yes ☐ No*
*If No, shelter is not eligible. Contact EHAPCD staff for guidance. Explain why your shelter should be considered eligible even though the answer to this question is No.

12. Submit the following:

- a. **Attachment #1** – Application Summary Form (see instructions).
- b. **Attachment #2** – Resolution (see sample).
- c. **Attachment #3** – Payee Data Record (see instructions).
- d. **Attachment #4** – Articles of Incorporation (as recorded with the Secretary of California), By-laws and IRS tax Exempt Status 501(c)(3) letter, plus any amendments to those documents.
- e. **Attachment #5** – Identities of Interest Disclosure - narrative.
- f. **Attachment #6** – Policies and Condition of Stay

B. RATING AND RANKING CRITERIA

I. APPLICANT CAPABILITY

Answer the following questions (including all subparts) to describe your existing and proposed operations and demonstrate your capability to successfully complete the activities of your EHAPCD loan proposal. Use only the space provided (margins should be a minimum of .75", font a minimum of 10 pt.). Be sure to include all the information requested. Attach additional supporting documentation only if the requested document is not applicable.

A. Project Site Description

1. Is the site currently (check one) ☐ owned or ☐ leased by applicant? (Check one)
 - a. If owned, since when? ____/____/____
 - b. If leased, give term: ____/____/____ to ____/____/____

Is the Lease recorded? ☐ Yes ☐ No
 - c. If not owned, give name and address of current legal owner and describe how title is held. If a title transfer is to occur, specify date of proposed transfer.
- d. Submit evidence of site control as **Attachment #7** (e.g., executed and dated Sales Agreement, Grant Deed, or Lease).
- e. Submit a Preliminary Title Report or Property Profile with Deeds as **Attachment #8** for verification of property address, legal description, and plat map. Also, please submit a MapQuest or similar map showing the project's location within the boundaries of its city.

2. If site acquisition is proposed, briefly describe the timeframe for closing the acquisition, financing, and any unusual issues. **(Note: If you are negotiating an acquisition, we strongly recommend insertion of a clause that the purchase is subject to your organization obtaining financing, especially receipt of an EHAPCD award, if that is critical.)**

3. Is the shelter/facility occupied now? ☐ Yes ☐ No
4. Will the shelter/facility be occupied during rehabilitation? ☐ Yes ☐ No
 - a. If Yes, will it be at full occupancy? ☐ Yes ☐ No
 - b. If no, when will full occupancy resume? ____/____/____

When applicable, submit Relocation Issues Narrative and Relocation Plan, Attachment #9.
5. How many days will the shelter/facility be open annually during the length of the loan term? _____ days
6. If the site is leased and you are proposing new construction or rehabilitation, submit the Lessor's Agreement To Cooperate Regarding HCD Requirements (**Attachment #10**), agreeing to Department approval, execution, and recordation of the Lease and the Department's Deed of Trust or Lease Rider.
7. If site is leased at market rate, submit at least 3 lease comparables as **Attachment #11**.

B. Development Feasibility

1. Land use description:
 - a. Current Zoning Designation: _____
 - b. Current General Plan Designation: _____
 - c. Do current zoning and general plan designations permit use for emergency shelter or transitional housing? ☐ Yes ☐ No
 - d. If Yes, submit Evidence of Permissive Zoning as **Attachment #12**.
 - e. If no, how will the proposed facility be accommodated, and when? ____/____/____

<input type="checkbox"/> Rezoning	<input type="checkbox"/> General Plan Amendment
<input type="checkbox"/> Zoning Variance	<input type="checkbox"/> Conditional Use Permit
<input type="checkbox"/> Other: _____	
2. Has the Certificate of Occupancy been issued in the past? ☐ Yes ☐ No
 - a. If Yes, submit the Certificate of Occupancy to verify current capacity as **Attachment #13**.

3. Building Information: Existing Proposed _____

Check one. Then briefly describe the project structure(s) including number and type of rooms/units, office, dining, recreational, and common spaces, along with the square footage of the site and buildings:

- a. Market value of proposed project: \$_____

Check the type of supporting documentation provided and submit as **Attachment #14**.

- ☐ “As Is” Market Value Appraisal dated after the date of this NOFA and before the Application due date (acquisition only projects).
- ☐ “As Is” Broker’s Price Opinion of Value, dated after the date of this NOFA and before the Application due date. (This is in lieu of an “as is” appraisal for acquisition only projects; an appraisal will be required as a condition of the EHAPCD loan closing; and the applicant will not receive full points for this aspect of the application.)
- ☐ “As Is” and “As Completed” Market Value Appraisal dated after the date of this NOFA and before the Application due date (acquisition with rehabilitation and new construction projects).
- ☐ “As Is” and “As Completed” Broker’s Price Opinion, dated after the date of this NOFA and before the Application due date. (This is in lieu of “as is” and “as completed” appraisals for rehabilitation only; acquisition and rehabilitation; and new construction projects. An appraisal will be required as a condition of the EHAPCD loan closing, and the applicant will not receive full points for this aspect of the application, unless the application is only for \$100,000 or less in rehabilitation costs of an applicant’s owned single family facility.)

4. Complete the chart below to show existing and/or proposed project makeup.

Type	Total Number Existing	Total Number Proposed
Rooms		
Bedrooms		
Apartments		
Beds		
Kitchens		
Bathrooms		
Office		
Dining		
Recreation/Living/Common Area		
Other:		
Other:		

5. Submit the following:
 - a. **Attachment #15** – Project Timeline Form
 - b. **Attachment #16** – EHAPCD Construction Sources and Uses Statement Form
 - c. **Attachment #17** – Detailed Cost Estimate For Capital Development Activities Form
 - d. **Attachment #18** – Construction Financing Sources Form
 - e. **Attachment #19** – EHAPCD Permanent Sources and Uses Statement Form
 - f. **Attachment #20** – Permanent Financing Sources Form
 - g. **Attachment #21** – Project Operating Income and Expense Statement Form
 - h. **Attachment #22** – History and Projection of All Project Operations Funding Sources

C. Development Team Capacity

1. Project Owner's Experience Base and Project Plan
 - a. Successful Housing Program Experience
 - 1) Submit an Organization Chart as **Attachment # 23**.
 - 2) Submit a Board Roster including names and addresses of board members, as **Attachment #24**.
 - 3) Submit an Applicant Board and Staff Profile as **Attachment # 25**.
 - 4) Project Owner's Experience Base. Submit a Project Team Package for the Owner as **Attachment #26**, including:
 - a) "Capital Development Projects Completed To Date" form
 - b) Information (general statement of experience)
 - c) Résumé
 - d) Written Commitment (not applicable if an applicant's staff)
 - e) Job Description.
 - 5) Submit an EHAPCD Project Staffing Form as **Attachment #27**.

- 6) Describe homeless projects and services your organization provides other than the project included in this application.

- 7) List all EHAP grants/loans received directly or indirectly for the past 5 years. Expand table, if necessary.

EHAP or EHAPCD grant/loan		Received	
Contract No.	Amount	Directly	Indirectly
	\$		
	\$		
	\$		
	\$		
	\$		

- b. Fund Raising and Resource Development
- 1) Describe the organization's experience in fundraising, including using Federal, State, public, and private funds and donations.

- 2) Clearly describe the availability of other resources to support this project's operations. What has been the history of your funding sources? Are any of these sources no longer available? Do you expect that any funding sources will become unavailable? If you are starting a new activity or an increased level of service, what other operating resources are necessary? What is the availability of these resources?

- 3) Provide information about your organization's income and expenses, in **Attachment #28**
- 4) Support that information with either three years of audited financial statements, IRS Form 990s, or Reviewed and Compiled Statement as **Attachment #29**.
- 5) The number of volunteers active on a regular basis, work performed by the volunteers and the average number of hours a week worked during the past 12 months by volunteers for the proposed project, if existing or for your existing program(s).

Volunteer Activity	No. of Volunteers	Avg. Volunteer Hours Weekly

- 6) Describe the level of community interest and involvement in this project.

- 7) Describe if and how your facilities and/or services are and will be coordinated with other organizations for the proposed project.

c. Stability and Solvency

- 1) When did the organization incorporate? _____/_____
month year
- 2) How long has the organization been involved in providing services for the homeless?
- 3) How long has this shelter/facility been operated by this organization? How long has the facility been its present size?
- 4) Who (by name and title) is responsible for directly ensuring that expenses charged to this loan are consistent with the application and are eligible expenses?
- 5) Provide the information required on **Attachment #30** about past occupancy for the proposed project. (Not applicable to new construction project.)
- 6) Provide information for **History and Projections of All Project Operations Funding Sources, Attachment #22.**

- 7) Financial management systems: Clearly describe your method of establishing the budget, approving payments, recording income and expenses, charging expenses to specific funding sources, preparing reports, and ensuring that expenses are consistent with the application. Address your organization as a whole and the capital development expenses of the proposed project.

2. Project Architect's Experience Base *(if applicable)*
Submit a Project Team Package for Project Architect in Attachment #31,
including:
 - 1) "Capital Development Projects Completed To Date" form
 - 2) Information (general statement of experience)
 - 3) Résumé
 - 4) Written Commitment (not applicable if on applicant's staff)
 - 5) Job Description
3. Project Developer's Experience Base *(if applicable)*
Submit a Project Team Package for Project Developer in Attachment #32,
including:
 - 1) "Capital Development Projects Completed To Date" form
 - 2) Information (general statement of experience)
 - 3) Résumé
 - 4) Written Commitment (not applicable if on applicant's staff)
 - 5) Job Description
4. Project Management's Experience Base *(if applicable)*
Submit a Project Team Package for Project Manager in Attachment #33,
including:
 - 1) "Capital Development Projects Completed To Date" form
 - 2) Information (general statement of experience)
 - 3) Résumé
 - 4) Written Commitment (not applicable if on applicant's staff)
 - 5) Job Description

II. IMPACT AND EFFECTIVENESS

A. Client Capacity Increase

1. The existing or projected types and estimated numbers and percentages of primary/target clients served/to be served during a service year. If client type is not listed, please list it under “Other” and indicate type of client. Total percentages may equal more than 100 percent.

Type of Client	Estimated No. Served or Proposed No. to be Served upon completion	Estimated Percent Served or Proposed Percent to be Served upon completion
<input type="checkbox"/> Physically Disabled		%
<input type="checkbox"/> Persons Living with HIV/AIDS		%
<input type="checkbox"/> Youths (under 24 years old)		%
<input type="checkbox"/> Single Adults		%
<input type="checkbox"/> Single Men		%
<input type="checkbox"/> Single Women		%
<input type="checkbox"/> Families		%
<input type="checkbox"/> Seniors		%
<input type="checkbox"/> Mentally Ill		%
<input type="checkbox"/> Veterans		%
<input type="checkbox"/> Victims of Domestic Violence		%
<input type="checkbox"/> Substance Abusers		
<input type="checkbox"/> Dually-Diagnosed		
<input type="checkbox"/> General Homeless		
<input type="checkbox"/> Other:		

B. Operations and Supportive Services: Existing and Planned

1. List all services provided or proposed through the project to be funded through this application:

Type of Service	Location	Agency Providing Service	If this service is provided by an agency other than your own, list the type of service agreement and, behind this page, provide a copy of this agreement (MOU, contract, letter, etc) labeled 25-1, 25-2, etc.
<i>EXAMPLE Job Counseling</i>	<input type="checkbox"/> On-site or <input checked="" type="checkbox"/> Off-site	<i>Sacramento County EDD</i>	<i>MOU, Attachment 23-1</i>
	<input type="checkbox"/> On-site or <input type="checkbox"/> Off-site		
	<input type="checkbox"/> On-site or <input type="checkbox"/> Off-site		
	<input type="checkbox"/> On-site or <input type="checkbox"/> Off-site		
	<input type="checkbox"/> On-site or <input type="checkbox"/> Off-site		
	<input type="checkbox"/> On-site or <input type="checkbox"/> Off-site		
	<input type="checkbox"/> On-site or <input type="checkbox"/> Off-site		
	<input type="checkbox"/> On-site or <input type="checkbox"/> Off-site		
	<input type="checkbox"/> On-site or <input type="checkbox"/> Off-site		
	<input type="checkbox"/> On-site or <input type="checkbox"/> Off-site		
	<input type="checkbox"/> On-site or <input type="checkbox"/> Off-site		
	<input type="checkbox"/> On-site or <input type="checkbox"/> Off-site		

2. Describe each of the on-site services that will be provided to the homeless clients at the facility to be funded through this application, including a discussion of the following:
- method for client assessment
 - frequency and duration of service
 - qualifications of staff providing the service
 - staff to client ratio for the service
 - accommodations for clients with disabilities
 - services that address the linguistic needs of the clients

3. Describe each of the off-site services that will be provided to homeless clients residing at the facility to be funded through this application, including a discussion of the following:
- process for referring clients to the off-site service
 - location
 - method of transportation to service site, based on the needs of the individual client
 - method for client assessment
 - frequency and duration of service
 - qualifications of staff providing the service
 - staff to client ratio for the service
 - accommodations for clients with disabilities
 - services that address the linguistic needs of the client

4. Describe your existing or planned program evaluation methods, including a discussion of the following:
- Success measures for this project's programs (for example, number placed in permanent housing, placed in jobs)
 - Data collection methods (including frequency, computerization, staff involved)
 - Documentation of program outcomes, (outcomes statistics, or other quantifiable information on your success rate).
 - If the project does not yet exist, provide information on success rates for similar projects operated by your agency

C. Extent Proposed Project Addresses Community Needs

1. Clearly describe the needs the EHAPCD funded project will address in the community, and how these needs were assessed. To the extent that the need for your program has been addressed by independently prepared reports, cite the reports and their data. If your project meets a need identified as a high priority in a county “continuum-of-care” plan and/or Local Emergency Shelter Strategy (LESS), indicate this. Make sure to indicate whether any other needs have a higher priority.

2. Describe the impact and effectiveness that this project's facilities and/or services will have in meeting local needs.

III. COST EFFICIENCY

A. Need for EHAPCD Funds

1. How will this project's proposed activities not unnecessarily duplicate existing services? Describe how your organization coordinates its services with other homeless service providers to ensure there is no unnecessary duplication of services.

2. What would the specific consequences to your program be if the EHAPCD loan is not funded? If the project is infeasible without EHAPCD funding, explain in detail why and what contingencies would first be explored before abandoning the project. General statements such as EHAPCD funds are needed to make up reductions in other funding sources will be scored lower than persuasive explanations of specific consequences. Do not describe the number of homeless in your community, or the general need for homeless assistance in your community.

B. Development Costs Analysis – to be performed by EHAPCD staff

C. Design

1. Site Location

Describe the site location in respect to nearness to community support services, facilities, and mass transportation. What is the neighborhood's property use blend?

2. Compatibility with Neighborhood

Describe how your project reflects the integration of resident needs and activities, neighborhood context and community related design goals. Support rationale with concept and design discussion including the topics of aesthetics and environmental concerns. Also,

- a) Submit **Attachment #34** (Lead Based Paint and Asbestos Survey) – acquisition and rehabilitation projects.
- b) Submit **Attachment # 35** (Phase I Environmental Report and Plan for Report Compliance) – for new construction only.

3. Fundamental Design Analysis – to be performed by EHAPCD Staff
 - a) Submit **Attachment #36** – Current Condition Statement and Scope of Work
 - b) Submit **Attachment #37** – Project Schematics (include floor plan to show new/proposed beds) – rehabilitation and new constructs only.
 - c) Submit **Attachment #38** – Acknowledgement of Off-Site Improvement Costs and Verification of Payment Sources – rehabilitation and new constructions only.

D Special Design Features

1. Describe the cost efficient features incorporated into your project design (i.e., solar heating-active and or passive, use of recycled materials, drought tolerant landscaping).

**** Use this page for additional space to answer narrative questions, if need. Specify which page and question you are continuing to answer. ****